

# My Plan for Successful Adulthood

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>FACTS Case Number:</b>	<b>Projected Release from Custody (ROC):</b>	<b>Date Completed:</b>	<b>Pronouns:</b>

*This plan shall be collaboratively created by the youth or young adult, the case management team, and supportive adults in the youth or young adult's life. Supportive adults may include parents, birth family, foster parents, residential caregivers, kinship connections, mentors or other adults identified by the youth or young adult and case management team.*

*Creation of a plan for successful adulthood is based on steps needed to achieve the youth or young adult's future goals and plans.*

## Section 1: Getting to Know Me

*Required for all youth ages 14 and older, attach additional pages or expand sections as needed.*

### What I would like people to know about me:

*Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.*

### What I would like people to know about my culture and things that are important to me:

*What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?*

### My greatest strengths and talents are:

*Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.*

### The top three things that I need most right now are:

*What help/support do I need right now?*

*Examples: clothing, visits, medical/mental health appointments, contacting my Guardian Ad Litem (GAL) etc.*

1.

2.

3.

<b>Section 2: My Support Network</b> <i>Required for all youth ages 14 and older.</i>	
<i>Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health?</i> <i>Who could you call for general/everyday support when you need it?</i>	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name:</b>	<b>Phone:</b>
<b>Relationship:</b>	<b>Email:</b>
I see this person as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like this person at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tasks to add to case plan to help build my support network</b> <i>(family finding, set up visits/phone calls, refer to mentor or support program- examples: Big Brothers Big Sisters, Boys and Girls Club, etc.)</i>	
1.	
2.	
3.	

<b>Section 3: My Identifying Documents</b> <i>Required for all youth ages 14 and older</i>		
<i>These important documents are critical for your transition to adulthood and are required for you to have before you leave care.                  What documents do you have and what do you still need before you leave care?</i>		
<i>Per DCF Policy, copies of third-party information may not be released without written permission from the originating source.</i>		
Personal Documents	Current Document Status	Where is the document located?
<b>An Official or Certified Copy of Birth Certificate</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Social Security Card issued by SSA</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Valid State-Issued Photo Identification</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Valid State-Issued Permit</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Valid State-Issued License</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Educational History:</b> <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
<b>Immunization Records</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
<b>Medical History:</b> <i>Including current medical treatment, current providers, and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
<b>Copy of Medical and Genetic Information</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
<b>Social History:</b> <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
<b>Life Book</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Updated:	
<b>Additional documents for young adults 18 and older</b>		
<b>Copy of Consumer Credit Report</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Medicaid Card/Health Insurance information</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Voter Registration</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>DCF Custody Verification Letter</b>	<input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Requested:	
<b>Tribal Enrollment Card/Tribal Documentation</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Selective Service Registration</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Citizenship/Immigration Documents</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Healthcare Proxy or Medical Power of Attorney</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Have <input type="checkbox"/> Don't have <input type="checkbox"/> Date Applied:	
<b>Do you have a safe place to keep your important documents when you are released from custody?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Tasks to add to case plan to obtain my identifying document(s):</b> <i>(update life book, request social history, apply for birth certificate, Social Security Card, State ID/Driver's License, register for selective service, etc.)</i>		
1.		
2.		
3.		

<b>Section 4: Life Skills</b>									
<i>Required for all youth ages 14 and older</i>									
<i>On a scale of 1 to 5, with 5 being I am completely prepared and able to complete these tasks without assistance and 1 being I am not prepared or able to complete these tasks without assistance, where would you rate yourself on the following?</i>									
<b>Self-Care/Hygiene:</b>									
<i>(bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Laundry</b>									
<i>(washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Healthy Living Environment:</b>									
<i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Grocery Shopping</b>									
<i>(understanding sales and coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Cooking/Meal Preparation</b>									
<i>(preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Communication Skills:</b>									
<i>(making appointments and keeping a schedule, setting up an e-mail, and communicating in a professional manner)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Money Management and Budgeting:</b>									
<i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student or car loans, credit cards, payday loans, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)
<b>Accessing Community Resources and Public Transportation</b>									
<i>(bus or taxi services; emergency resources for food, clothing, and shelter; crisis or emergency services, etc.)</i>									
Youth Assessment					Worker/Supportive Adult(s) Assessment				
<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)

**Have you completed a Casey Life Skills Assessment (CLSA)?**  Yes **Date:** \_\_\_\_\_  No  Unsure

**Some additional life skills I would like to learn or work on before I become an adult are:**

**Worker/Supportive Adult(s) specific suggested areas of life skill development include:**  
*What would the youth/young adult need to increase their number? What would you need to see to increase your number?*

**Tasks to add to case plan to help develop my life skill(s):**

1.

2.

3.

**Section 5: Youth Advocacy**  
*Required for all youth ages 14 and older*  
**“Nothing About Us, Without Us!”**

**Kansas Youth Advisory Council & Regional Youth Advisory Council** *(check below)*

I have been to a Regional Youth Advisory Council (RYAC) event: Yes No Unsure

I have been to Kansas Youth Advisory Council (KYAC) event: Yes No Unsure

I am interested in KYAC, RYAC, or both: Yes No Unsure

I would need help getting rides to KYAC, RYAC or both meetings: Yes No Unsure

KYAC Contact:

RYAC Contact:

Other Youth Advocacy Organizations: *ex: Kansas Youth Empowerment Academy (KYEA), Youth Leaders in Kansas (YLinK), student groups, etc.*

<b>Section 6: My Education Plan</b> <i>Required for all youth ages 14 and older</i> <i>Plans for your educational and career goals.</i>			
<b>Current or Most Recent School Attended:</b>		<b>Current Grade Level:</b>	<b>Highest grade completed:</b>
<b>Vocational Supports:</b> <i>Do you have any of the following? (check below)</i>			
<b>An Individualized Education Plan (IEP)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>504 Plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>An Education Advocate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, what is their name?</i>			
<b>Visual Impairment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Deaf or Hard of Hearing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Use of an Alternative Device for Learning</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		<b>Other Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Would you like to be evaluated for any of these services or supports?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
<b>Specific IEP/504 Plan Accommodations:</b>			
<b>If you are under 16, please go to page 11</b>			
<b>I intend to complete my (check below): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>GED at (name of institution/program):</b>		<b>Number of Tests Passed:</b>	
<input type="checkbox"/> <b>Obtain a Vocational Certificate at (name of school):</b>			
<input type="checkbox"/> <b>Post-secondary training/degree at (name of school):</b>			
<b>Highest Level of Education Completed (check below all that apply): (Ages 16 and older)</b>			
<input type="checkbox"/> <b>HS diploma at (name of school):</b>			
<input type="checkbox"/> <b>GED at (name of institution/program):</b>			
<input type="checkbox"/> <b>College Credits (name of institution and major):</b>		<b>Number of Credits Earned:</b>	
<input type="checkbox"/> <b>Technical/Trade Training (name of institution and program):</b>			
<b>I would like more information about the following:</b>			
<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Tuition Waiver	<input type="checkbox"/> First-Aid/CPR
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Military Enlistment
<input type="checkbox"/> Choosing Classes	<input type="checkbox"/> Applying for Scholarships	<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> TRIO/Upward Bound	<input type="checkbox"/> Sports/School Activities
<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services ( <i>Pre-ETS</i> )	<input type="checkbox"/> Kansas Kids at GEAR UP (KKGU)
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Test Preparation ( <i>ACT/SAT</i> )	<input type="checkbox"/> Educational Counseling	<input type="checkbox"/> Other:
<input type="checkbox"/> Senate Bill 23 (Graduation requirements for youth in foster care) KS Statute #38-2285	<input type="checkbox"/> Obtaining Education with a Disability ( <i>federal WIOA H.R. 803 Section 422</i> )	<input type="checkbox"/> Vocational Rehabilitation (VR) Services	
<b>Tasks to add to case plan to address my educational goals and needs:</b> ( <i>Enroll, submit FAFSA application, talk to an advisor, scholarships, placement exams meet with school counselor, pick my elective classes, purchase materials, pay registration fees etc.</i> )			
1.			
2.			
3.			



<b>Section 7: My Health/Well-Being</b> <i>Required for all youth ages 16 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
<b>My Medicaid or other health insurance provider is: (check below)</b>		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Other:		
My Primary Care Doctor is:	Phone:	
My OB/GYN Doctor is:	Phone:	
My Eye Doctor is:	Phone:	
My Mental Health Provider is:	Phone:	
My Preferred Pharmacy is:	Phone:	
My Dentist is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
<b>Are you comfortable with the listed providers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you find these services helpful?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>I know how to: (check below)</b>		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain and Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
<b>I take the following medications: (list all medications and the reason they are prescribed): or</b> <input type="checkbox"/> <b>I am not taking medications</b>		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
<b>Do you have any concerns with the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you understand the short-term and/or long-term effects of the medications you are taking?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you plan to continue taking your prescribed medications after being released from custody?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		
<b>I would like more information on: (check below)</b>		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQIA2S+ Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco/Vape Use and Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:

<b>Tasks to add to case plan to address my overall health and well-being:</b> <i>(scheduling appointments, refilling prescriptions, obtain medication, talking with doctor(s), changing providers, etc.)</i>		
1.		
2.		
3.		
<b>Section 8: My Employment and Financial Plan</b> <i>Required for all youth ages 16 and older</i>		
<b>My Current Employment Status</b> <i>(Check all that apply):</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> Unable to Work <input type="checkbox"/> No Work History <input type="checkbox"/> Other:		
<b>If employed, where do you work?</b>	<b>How long have you had your current job?</b>	
<b>I would like more information about the following topics:</b>		
<input type="checkbox"/> Job/Career Fairs	<input type="checkbox"/> Opening a Checking/Savings Account	<input type="checkbox"/> Understanding My Credit
<input type="checkbox"/> Interviewing	<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Credit Reports/Identity Theft
<input type="checkbox"/> Finding a Job with Criminal History	<input type="checkbox"/> Creating a Resume/Cover Letter	<input type="checkbox"/> Saving Money for My Future
<input type="checkbox"/> Vocational Rehabilitation <i>(VR)</i>	<input type="checkbox"/> Finding a Job	<input type="checkbox"/> Taxes and W-2s
<input type="checkbox"/> Jobs for America's Graduates-Kansas <i>(JAG-K)</i>	<input type="checkbox"/> Pre-Employment Transition Services <i>(Pre-ETS)</i>	<input type="checkbox"/> Joining the Military
<input type="checkbox"/> Job Corp	<input type="checkbox"/> Online Banking/Bill Pay	<input type="checkbox"/> Job Shadowing
<input type="checkbox"/> Applying for/Understanding Social Security Benefits <i>(SSI/SSDI)</i>	<input type="checkbox"/> Obtaining Employment with a Disability	<input type="checkbox"/> Other:
<b>What are some jobs or careers that interest you?</b> <i>What level of education and/or experience do you need to obtain that job/career?</i>		
<b>Financial Awareness:</b>		
<b>Do you have a checking account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you have a savings account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who has access to your account(s)?		
Would you like to open a checking/savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who can help you set up a banking account?		
Do you understand fees that are associated with a bank and/or debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any credit cards or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in budgeting classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has someone talked to you about running an annual credit report to check your credit score? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have \$____ saved	My goal is to save \$____ per ____ (week/month) for ____ (6 months, year, etc.)	
Where will you get the money from for your savings?		
Who will have access to the money that you are saving? <i>(if different from who will access your bank accounts)</i>		
<b>Tasks to add to case plan to address my employment and financial goals:</b> <i>(Open checking/savings account, create a budget, take budgeting classes, create resume, apply for jobs, interview prep, understanding taxes, etc.)</i>		
1.		
2.		
3.		



<b>Section 9: My Transportation Plan</b> <i>Required for all youth ages 16 and older</i>	
<b>I currently have the following transportation available to me</b> <i>(check all that apply):</i>	
<input type="checkbox"/> Family/Friends <input type="checkbox"/> Placement/Caseworker <input type="checkbox"/> I have my own car <input type="checkbox"/> I borrow a car <input type="checkbox"/> Paid Ride Service/Taxi <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Other:	
<b>I need transportation to:</b> <i>(check all that apply)</i>	
<input type="checkbox"/> School <input type="checkbox"/> Employment <input type="checkbox"/> Recreation <input type="checkbox"/> Appointments <input type="checkbox"/> Complete My Restricted License <input type="checkbox"/> Other:	
<b>My Legal Driving Status:</b> <i>(check all that apply)</i>	
<b>I currently have a:</b> <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid Restricted Driving Permit <input type="checkbox"/> Valid Learning Permit <input type="checkbox"/> Expired License/Permit <input type="checkbox"/> No Permit/License <input type="checkbox"/> Suspended License <input type="checkbox"/> Other:	
<b>If you have a valid license, when does it expire?</b>	
<b>I am interested in getting my:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Restricted Driving Permit <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Taking Driver's Education <input type="checkbox"/> Completing Driving Hours <input type="checkbox"/> Practicing the Permit Test <input type="checkbox"/> Other:	
<b>Barrier(s) to obtaining my license:</b>  	
<b>Has a referral been made to We Kan Drive (WKD)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I know how to keep my car in working order by:</b> <i>(gas, regular maintenance, change a tire, pick the correct gas, change my oil etc.)</i>  	
<b>I would like to learn how to perform regular car upkeep/repair:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>If you own a vehicle:</b>	
Who is on the title? <i>(If someone else is the primary person on the title please explain if and when that will transfer to the youth)</i>  	
Who is it registered to? <i>(List all names on registration)</i>  	
Vehicle Tag (Registration) Expiration:	Insurance company name:
Insurance policy number:	Insurance policy expiration:
Drivers listed on the policy:	
<b>Tasks to add to case plan to address my transportation goals:</b> <i>(enroll in driver's education, referral to We Kan Drive, go to DMV, save for vehicle, purchase vehicle, explore auto insurance rates, etc.)</i>	
1.	
2.	
3.	



If you are under 17, please go to page 12

**Section 10: My Housing Plan**  
*Required for all youth ages 17 and older*

I understand that DCF Independent Living does not provide physical placement or housing after release of custody  Yes  No

Where I currently live:

Foster Home  Relative  Non-Relative  Group Facility  Shelter  Detention  Secure Care  Other:

My options for housing, once I am released are: (select all that apply)

<input type="checkbox"/> Relative	<input type="checkbox"/> Friend/Non-Relative	<input type="checkbox"/> Current Placement	<input type="checkbox"/> College Dorm*
<input type="checkbox"/> Supportive Adult	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Military Housing	<input type="checkbox"/> Unsure Where I will Live
<input type="checkbox"/> Residential Community Setting	<input type="checkbox"/> Sober Living/Halfway House	<input type="checkbox"/> Apartment/House <i>If so, are you on the lease?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other:

Who I plan to live with: (name, relationship, and address, if applicable):

Have you talked with them about household rules, financial expectations, etc.?  Yes  No

Do you need help talking about household expectations?  Yes  No

What is your plan if this housing option does not work out?

*\*If you are planning on living in the dorms, where will you stay during breaks?*

I would like more information regarding:

Locating Housing  Applying/Budgeting for Housing  Signing a Lease  Public Housing  Section 8 Vouchers  
 Foster Youth to Independence (FYI) Vouchers  Utility Deposits and Costs  Other:

I have completed the following to develop my housing plan:

<input type="checkbox"/> Researched apartment listings	<input type="checkbox"/> Applied for apt/house	<input type="checkbox"/> Secured a co-signer, if needed
<input type="checkbox"/> In person apartment or house hunting	<input type="checkbox"/> Approved for apt/house <i>If so, has a lease been signed?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Secured deposits, if needed
<input type="checkbox"/> Applied for affordable housing (FYI, HUD Section 8 or income-based housing)	<input type="checkbox"/> I have budgeted and am able to pay my monthly expenses	<input type="checkbox"/> Developed solid plans with potential roommates or family members

Other:

The estimated cost of my housing plan is: \$ \_\_\_\_\_ per  month  semester  year (check one)

I understand which utilities I will be responsible for and about how much they will cost me each month  Yes  No

What utilities will you have to pay each month?

Where will you get the money to pay for your housing and utilities?

Who will have access to your money to pay bills?

What resources do you plan to use if you don't have enough money to pay rent or bills?

Tasks to add to case plan to secure housing prior to release: (search/apply for housing, apply for public housing, talk with housing resource about household expectations, apply for dorms, etc.)

1.

2.

3.



If this section does not apply, please go to page 12  N/A

**Section 11: Legal**  
*Required for all youth ages 14 and older who have current or pending charges, convictions, or both.*

<b>Next Court Date:</b>	<b>Type of Hearing:</b>
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**Current charges:**

**Pending charges:**

**Past convictions:**

**Counties charges/convictions are from:**

<b>Court Services Officer:</b>	<b>Email/Phone:</b>
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<b>Probation Officer:</b>	<b>Email/Phone:</b>
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<b>Attorney:</b>	<b>Email/Phone:</b>
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<b>Do you know how to contact these people?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>When is your next meeting with your court services/probation officer?</b>
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**Court Orders:**

**Court Fines and Fees Owed:**

**What are your plans for completing court orders and paying fines or fees?**  
*(If no identified plan, please include tasks below to address creating a plan)*

**How do your current or past charges and court orders create barriers to your transition into adulthood?**  
*What supports/resources can be explored to address these barriers?*

**Tasks to add to case plan to address current and pending charges and/or convictions:** *(paying fines, community service hours, seeking out expungement resources, talk to GAL about charges/convictions impact on transition, etc.)*

1.

2.

3.

**This Section to be Completed by Case Worker:**

*Summarize progress made since last transition plan meeting (required).*

*List any concerns that you have regarding the youth's plan to transition into adulthood.*

**Each entry shall include the name of the staff member completing the update and the date.**

Large empty yellow box for case worker input.

<b>Transition Plan for Successful Adulthood: Participant Signatures &amp; Date of Completion</b>	
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth/Young Adult Signature:</b>	<b>Date:</b>
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CWCMP Case Manager Signature:</b>	<b>Date:</b>
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DCF IL Coordinator Signature:</b>	<b>Date:</b>
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>	<b>Date:</b>
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Discussed concerns with youth/ team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Youth or Young Adult Selected Supportive Adult Signature:</b>	<b>Date:</b>
<b>Other Attendee Signature:</b>	<b>Date:</b>
<b>Other Attendee Signature:</b>	<b>Date:</b>